		R REIMBURSEMENT	PARTMENT OR ESTABLIS	SHMENT, BUREAU, DIVISION	OR OFFICE	2. VOU	CHER N	UMBER				
FOR EXPENDITURES ON OFFICIAL BUSINESS							3. SCHEDULE NUMBER					
		Read the Privacy Act Stateme	ent on the back of	this form.		5. PA	ID BY	.	 			
4. 2 NA	ME (Last,	first, middle initial)		b. SOCIAL SECURITY	r NO.							
				:								
C. MA	iling ad	DRESII (Include ZIP Code)		d. OFFICE TELEPHON	NE NUMBER							
	NDITUI	RES (If fare claimed in col. (g) excee the claimant.)	ds charge for one	person, show in col. ((h) the numb	er of ac					companied	
DATE 19	COD	Show appropriete code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized) (Explain expenditures in specific detail.) (c) FROM (d) TO			MILEAGE RATE & NO. OF MILES	AMOUNT			ADD PER-		TIPS AND	
	E							the state of the state of the	R TOLL SO		ONS LANEOUS	
	(b)							6				
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			SUBTOTALS CARRIE	D FORWARD FROM THE	, 4		-		-	-	-	
If addition	al space	is required continue on the back.	BACK									
7. AMO	UNT C	AIMED (Total of cols. (f), (g) and (i)	.) 🗪	TOTALS			i		ı		. I	
as nec are inc	essary i <i>luded, t</i>	pproved. Long distance telephone calls, in the interest of the Government. (Note: the approving official must have been au e department or agency to so certify (31 Sign Original Only	thong distance call thorized in writing, by	S belief and that	payment or cr		not be	en recei	ved bev		edge and	
			DATE	SIGN HERE		CASH PA	YMENT	RECEIPT				
APPROVING OFFICIAL				a. PAYEE (Signature)					DAT	E RECEIV	ED	
9 This claim is certified correct and proper for payment.				c. AMOUNT								
AUTHORIZE CERTIFYING OFFICER SIGN HERE		Sign Original Only CLASSIFICATION	DATE	12. PAYMENT MADE BY CHECK NO.		. 3. 53			~			

6. EXPENDITURES - Continued

DATE	С	Show appropriate code in col. (b): A - Local travel	MILEAGE	AMOUNT CLAIMED					
19	0	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other expenses (itemized)	RATE	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-		
	E	(Explain expenditur	es in specific detail.)	NO. OF MILES		OR TOLL	SONS (h)	LANEOUS	
(4)	(b)	(c) FROM	el To	(6)	(f)	(g)			
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.